

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)
FY 2005
(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)

Docket Number (Optional)
05408/100M235-US1

Application Number 10/705,215

Filed November 7, 2003

For METHOD OF PREPARING QUATERNARY AMMONIUM HYDROXIDE AND QUATERNARY AMMONIUM CARBONATE IN AN AMINOALCOHOL SOLVENT

Art Unit 1621

Examiner C. O. Nwaonicha

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):

	Fee	Small Entity Fee	
<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$120	\$60	\$
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$450	\$225	\$
<input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1020	\$510	\$ 1,020.00
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1590	\$795	\$
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2160	\$1080	\$

☐ Applicant claims small entity status. See 37 CFR 1.27.

☒ A check in the amount of the fee is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.

☐ The Director has already been authorized to charge fees in this application to a Deposit Account.

☒ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 04-0100

12/07/2005 DTESSEN1 00000015 10705215

01 FC:1253

1020.00 OP

I am the ☐ applicant/inventor.

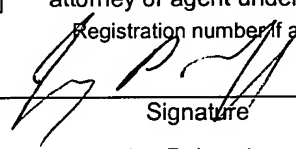
☐ assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

☒ attorney or agent of record. Registration Number 41,151

☐ attorney or agent under 37 CFR 1.34.

Registration number if acting under 37 CFR 1.34


Signature

December 1, 2005

Date

Jay P. Lessler

Typed or printed name

(212) 527-7765

Telephone Number

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of 1 forms are submitted.

Express Mail Label No.

Dated: _____